

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/787774

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		21					53						
4	1						54						
5		1					55						
6		81					56						
7		81					57						
8		81					58						
9		1					59						
10	1						60						
11		1					61						
12							62						
13							63						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	81						TOTAL DEP.						
TOTAL CLAIMS	83						TOTAL CLAIMS						

BEST AVAILABLE COPY